PUBLIC HEALTH COMMUNICATION CENTRE AOTEAROA

Improving NZ Government communication about COVID-19: Five suggestions

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The high quality communication by the NZ Government for much of the COVID-19 pandemic has been remarked on. But given that the pandemic situation is very far from over, in this blog we consider five areas in which potential improvements could be made. Potentially the most important of these would be to further depoliticise the COVID-19 response.

Overall, Aotearoa NZ has done very well with its COVID-19 pandemic response and it is typically ranked in the top few performing countries.[1] [2] NZ's economic indicators, such as GDP impacts, also compare favourably to other countries using the less successful

“suppression” strategy against the pandemic.[3] [4] Furthermore, the communication by leaders such as Prime Minister Jacinda Ardern has been noted for its level of engagement and high quality both by experts in leadership[5] and others.[6] [7] Scholars have particularly noted the “compassionate” approach of the Prime Minister, combined with an ability to be a strong leader by “enacting tough policies such as closing borders and mandating lockdown measures…”.[7] Other successful features included daily briefings (particularly by the Prime Minister and the Director General of Health Dr Ashley Bloomfield), extensive social media engagement, and useful communication concepts that supported collective action (eg, “team of 5 million”, “bubbles”, “unite against COVID-19”, and “be kind”). The Alert Level system was also a very successful communication tool, although we have long argued that it has become out-of-date and needs upgrading.[8]

Despite these successes, there is still scope for improvements in communication. Given that the pandemic is very far from over, in this blog we consider five areas in which potential improvements could be made.

1. Depoliticise the COVID-19 response and aim for a cycle of continuous quality improvement

NZ has a fairly adversarial political system, which is appropriate and necessary for providing democratic oversight of the government by the parliament. But this approach has risks for managing a pandemic. For example, in the NZ context it seems to have contributed to the following problems:

- Delayed release to the public of important documents on the pandemic response – sometimes with a delay of several months (see below for details);
- Political manoeuvring at a health select committee to avoid questions about the COVID-19 response,[9] along with debates in Parliament that appear to be more about political point scoring than a focus on quality improvements;
- Government spokespeople being excessively defensive in response to feedback from other politicians and expert commentators, resulting in lost opportunities to maintain an agile pandemic response that is based on up-to-date evidence; and
- Certain opposition politicians engaging in unethical behaviours (a privacy breach[10]), not exposing unethical behaviour,[11] and making time-wasting accusations about non-existent security breaches.[12]

Ideally such issues could be minimised if a multi-political party working group assumed the key role in designing the ongoing COVID-19 response. The working group could even have joint leadership from key health/COVID-19 spokespeople from the two major political parties. As a condition of participation in such a group, opposition political parties would agree to engage in constructive criticism solely regarding COVID-19, using an agreed upon code of conduct. These opposition parties would then get appropriate credit for the improvements in the subsequent response. But in particular, these opposition parties should be rewarded with additional opportunities and resources in the Parliamentary system to criticise the government in all non-COVID-19 domains (so that there is no net reduction in the overall capacity to criticise the government and potentially even an increase).

Such arrangements for a time-limited period (eg, for the rest of 2021) could facilitate the

necessary cycle of quality improvement that could see the successful roll-out of the vaccination programme, smooth adjustments to border control settings to reduce border failures, and a steady expansion of NZ participation in expanding travel bubbles. Of note is that opposition parliamentarians have been involved in joint “War Cabinets” or similar bodies during World War Two in NZ, Australia and the UK.[13]

2. Talk about systems – not about individuals or a “tricky” virus

It is human nature not to think in terms of systems, but rather in terms of the “good” or “bad” behaviour of individuals. Yet the prevention of border failures and control of outbreaks is entirely a matter of the design and operation of systems – before flights leave for NZ, at the border and in MIQ facilities, and then with the operation of public health services in the NZ community. As such, when a “border failure” occurs it should be entirely viewed as a “systems failure” and it is of very little value (or even counterproductive) to attribute problems to mistakes or rule breaking by individuals. The system has to be designed with multiple levels of safeguards and to account for the full range of human behaviour (ie, including counterfeit pre-flight test results, lying, oversights, and not following rules). When we focus on systems, just as the airline industry does with safety,[14] it means that we can more successfully make continuous design and quality control changes to further improve these systems.

There is also the communication problem of blaming the “tricky” virus which can divert attention from human-designed protections. Yes, the pandemic virus is a highly transmissible piece of biological machinery – but it has no capacity to wilfully evade our defences. What we need to focus on entirely is the continuous improvement of our *human systems* using robust evidence about transmission mechanisms and effective outbreak control.

3. Strive harder to “be right” around all informational issues

The CDC in the US has issued communication advice around infectious disease crises which includes the key advice of “Be Right”[15]: “Accuracy establishes credibility. Information should include what is known, what is not known, and what is being done to fill in the information gaps.” While NZ Government communication has generally done this well, we note the persisting problems of the following:

- Inappropriate concerns about the accuracy of daily saliva testing (PCR tests) of border workers.[16] It has been known for a long time that this approach could provide for additional safe guards (even if sensitivity of a single saliva test might not always be as high as with nasopharyngeal swabs, daily testing can work as a highly sensitive screening strategy for early detection of infection in an individual).
- Factually inaccurate descriptions of making New Zealanders “stateless” if they are required to wait before returning to NZ. It is clear that NZ law allows for conditions of return (including various delays) to be used to protect population health, as per the legal expert views detailed elsewhere.[17] These views indicate that such measures in no way render a NZ citizen “stateless”. Article 1(1) of the 1954 Convention relating to the Status of Stateless Persons defines a stateless person as ‘a person who is not considered as a national by any State under the operation of its law’. There are strictly defined and very rarely applied criteria and associated legal processes under which a NZ citizen can be deprived of their citizenship. Revocation of citizenship cannot be triggered simply by a delay in travel.

- Inappropriate references to limits on incoming air flights to NZ potentially causing problems with access to “medical supplies”.[18] This is a potentially alarmist statement given that cargo flights can readily transport such products to NZ.
- The lack of any official communication detailing the analysis of why hotel-based quarantine is still considered preferable to establishing purpose-built facilities. This deficit is in the context of mounting numbers of hotel quarantine failures in NZ and Australia,[19] and increasingly strong calls in Australia to shift to more appropriate facilities from an infection control perspective[20] (as per the Howard Springs facility outside Darwin which to date has never been involved in a border failure).

4. Rapidly make available reports about investigations and reviews

Despite transparency on many day-to-day issues, there have been excessively long delays in the release of documents relating to the pandemic response eg, four months for the Roche/Simpson report with a release on the “Friday before Christmas”.[21] Furthermore, very few of the investigation reports into NZ’s 15 border failures to date are available online (and even these can be in just a brief summary form[22] or after journalists and others have pursued official information act processes eg, the outbreak involving seafarers[23] and a response to a request by Prof Skegg detailed elsewhere[24]). To avoid confusing the public and eroding trust, it is essential that misinformation is promptly corrected. For example, the official “rubbish bin” theory of transmission in an MIQ facility, which had expert critique at the time as being very unlikely,[25] took many months to revise. The updated information occurred in the form of the publication of a scientific journal article that included Ministry of Health authors.[26]

5. Warn the public in advance that further revisions to systems and controls may be required

It is natural to enjoy any return to “normality” as quickly as possible and to avoid thinking about future risks. But it is most definitely the job of government to protect its citizens by planning for future risks, as recently detailed in a report by the former chief science advisor Prof Peter Gluckman and Dr Anne Bardsley.[27] With this pandemic being far from over, the public need to be prepared for further surprises and rapid responses by the government. These surprises could include:

- Even more infectious and/or lethal variants of the pandemic virus.
- Limitations with vaccines (eg, needing repeat doses every year).
- Border failures that lead to large outbreaks in NZ (albeit probably a declining risk with increasing vaccination coverage).
- Difficulties with operating the expansion of quarantine-free travel green zones.

In the long-term we also need to be prepared for far more serious pandemics that arise from synthetic biology (laboratory accidents or purposeful releases of synthetic bioweapons). Therefore, the NZ Government (and any multi-party COVID-19 oversight group), needs to regularly communicate these risks – and prepare the population psychologically for even more extreme interventions being needed on occasions (eg, complete border closure for longer periods,[28] and emergency use of digital technologies for quarantine and contact tracing).

Lead image by Luke Pilkinton-Ching, University of Otago Wellington.

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